



## REVEALING HOPE RESTORING LIFE

During this mission, GAIN aims to demonstrate the love of God by revealing hope and restoring lives. We will be providing medical help as well as free medicines and humanitarian aid to the people we encounter.

We are looking for team members who are willing to serve in any capacity. Medical positions include nurses, doctors, pharmacists, optometrists, dentists, ect. We are also looking for people who can fill the following roles to ensure the success of the mission: translators, volunteers for children's ministry, crowd control, counsellors and general administration.

GAIN is dependent on donations to cover the cost of its humanitarian aid and medical missions. The cost of its medical mission trips is approximately \$4,000 per volunteer to cover air fares, travel insurance, International SOS registration, accommodation, transportation, food, medicines, local volunteer costs and support for local partners. If adequate donations for a medical mission trip are not received, we may need to cancel the trip or ask volunteers to contribute to the costs involved. We encourage volunteers to ask their church and other contacts to partner with them and make a donation to the trip, or make a donation to the trip themselves, so that the costs involved can be covered. GAIN will select medical professionals and other essential service volunteers to form a balanced team for each mission. Without adequate donations and the participation of our Australian volunteers, our medical missions would not be possible.

To join one of our missions teams, please complete this form to the best of your ability and submit it to us through either of the following ways:

Email: [gain@globalaid.net.au](mailto:gain@globalaid.net.au)

Post: PO BOX 674, Merrylands, NSW 2160

Please contact us on (02) 8859 0410 or email [gain@globalaid.net.au](mailto:gain@globalaid.net.au) if you have any questions or for more information. We look forward to receiving your completed application form.

# Medical Mission Application Form

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Please complete this form to apply to participate in a Global Aid Network (GAIN) Australia medical mission.

## Medical Mission Details

Please indicate which medical mission you would like to join:

Country

Cambodia

India

Philippines

## Personal Details

First Name

Middle Name

Last Name

Legal name as per passport

Preferred Name

Date of Birth

Marital Status

Gender

Female

Male

## Contact Details

Street Address

Address Line 2

City

State/Province/Region

Postal/Zipcode

Country

Email

Mobile Phone Number

Home Phone Number

## Contact Details

Address Line 1

Address Line 2

City

State/Province/Region

Postal/Zipcode

Country

Email

Mobile Phone Number

Home Phone Number

## Passport Information

Passport Number

Passport Nationality

Passport Expiry Date

## Additional Details

Occupation

Name of church (if applicable)

Referee Name

Referee Contact Number

## Emergency Contacts

Emergency Contact 1 -  
Name

Emergency Contact 1 -  
Phone Number

Emergency Contact 1 -  
Alternate Phone

Emergency Contact 1 -  
Relationship

Emergency Contact 2 -  
Name

Emergency Contact 2 -  
Phone Number

Emergency Contact 2 -  
Alternate Phone

Emergency Contact 2 -  
Relationship

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## About You

What prompted you to go on a medical mission?

What are your expectations of this mission?

Are you a Christian?

If yes, when and how did you become a Christian?  
(please do not exceed 150 words)

How committed are you to reading God's Word and prayer?

Please describe your (a) strengths, (b) ministry gifts or skills, and (c) spiritual gifts.

In what areas do you still desire growth?

Are you willing to do what is required of you during the mission trip?

Do you have any condition/s which may limit you, such as serious allergies requiring medication, depressive/mental illness, limited mobility, extremely poor eyesight, hearing loss, severe asthma, chronic fatigue, food intolerances, etc?

Yes

No

Are you currently or have you been under a doctor or psychiatrist's care in the past 2 years (apart from minor ailments)?

Will you need any special food requirements? Please list medical requirements only, not preferences.

I declare that to the best of my knowledge, all the information in this application is true and complete.

Signature:

Date: